AMENDED IN ASSEMBLY APRIL 18, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 1321

Introduced by Assembly Member Yee

February 22, 2005

An act to add Section 1379.1 to the Health and Safety Code, relating to health care service plans.

LEGISLATIVE COUNSEL'S DIGEST

AB 1321, as amended, Yee. Hospital-based physicians: charges.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act a crime. The act requires that a provider contracting with a plan agree that he or she will not collect or attempt to collect from a subscriber or enrollee any sums owed by the plan for services that the provider rendered.

This bill would prohibit a hospital-based physician, as defined, from seeking payment from an enrollee individual enrollees for services he or she rendered and would require that physician or group of physicians to seek reimbursement solely from the enrollee's health care service plan or its the contracting medical group risk-bearing organization. The bill would require a health care service plan that becomes aware that one of its enrollees has been billed in violation of these provisions to report that violation to the department. This bill would also provide that an enrollee shall have no obligation to pay an amount billed in violation of these provisions.

Because the bill would specify an additional requirement under the act, a violation of which is a crime, it would impose a state-mandated local program.

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The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1379.1 is added to the Health and 2 Safety Code, to read:

1379.1. (a) A hospital-based physician who provides services at a general acute care hospital that contracts with a health care service plan shall seek reimbursement for medically necessary covered services provided to an enrollee of that plan solely from the plan or its contracting medical group, and risk-bearing organization that is financially responsible for the covered services rendered under the contract between the plan and the risk-bearing organization. The hospital-based physician shall not seek payment from the enrollee individual enrollees for those covered services, except for allowable copayments and deductibles authorized by the plan contract. For. A hospital-based physician subject to this section shall have the right to receive reimbursement owed pursuant to the provisions of this chapter from the plan or the contracting risk-bearing organization that is financially responsible for the covered services.

- (b) For purposes of this section, a "hospital-based physician" means an anesthesiologist, radiologist, pathologist, or emergency room physician, or a group of such physicians providing medical services at the hospital.
- 23 (b)

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- (c) For purposes of this section, "risk-bearing organization" shall have the meaning set forth in subdivision (g) of Section 1375.4.
- 27 (d) An enrollee may report any charges who is billed by a 28 hospital-based physician made in violation of this section may 29 report receipt of the bill to the health care service plan and the

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department. A health care service plan that becomes aware that its enrollee one of its enrollees has been assessed a charge billed 3 in violation of this section may shall also report that violation to 4 the department. The department-may forward the report to the 5 Medical Board of California. shall have sole authority to enforce this section, and shall take appropriate action against a 7 hospital-based physician upon a determination that the physician 8 has violated this section, including the issuance of a written warning, a cease and desist order, or other actions, as provided 10 in Section 1387.

(e) An enrollee shall have no obligation to pay an amount billed in violation of this section.

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13 SEC. 2. No reimbursement is required by this act pursuant to 14 Section 6 of Article XIII B of the California Constitution because 15 the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or 16 17 infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 18 19 17556 of the Government Code, or changes the definition of a 20 crime within the meaning of Section 6 of Article XIII B of the 21 California Constitution.